

Foster Family Home - Corrective Action Report

Provider ID: 1-170071

Home Name: Cristina Dooney, CNA

Review ID: 1-170071-2

94-460 Pilimai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/15/2018

End Date: 10/15/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/15/18. PCG requests to increase to a 3 client home.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date